



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. JOSEPH REGIONAL MEDICAL CENTER (PLYMOUTH CAMPUS)

City of Hospital: Plymouth

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Amelia Lutz

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Medicare Provider Number: 15-0076

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42375744
Outpatient Patient Service Revenue	\$133850011
Total Gross Patient Service Revenue	\$176225755

2. Deductions From Revenue

Contractual Allowance	\$114213028
Other Deductions	\$3035927
Total Deductions	\$117248955

3. Total Operating Revenue

Net Patient Service Revenue	\$58976800
Other Operating Revenue	\$1015012
Total Operating Revenue	\$59991812

4. Operating Expenses

Salaries and Wages	\$17809995	Employee Benefits	\$2970525
Depreciation and Amortization	\$3601810	Interest Expense	\$236949
Bad Debt	\$5986322	Other Expenses	\$26071708
Total Operating Expenses	\$56677309		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3314503	Total Assets	\$80055370
Net Non-operating Gains over Loss	\$4598069.90	Total Liabilities	\$10749230

Total Net Gains	\$7912572.9
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$82717000	\$64645000	\$18072000
Medicaid	\$29192000	\$22810000	\$6382000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$64317000	\$29794000	\$34523000
Total	\$176226000	\$117249000	\$58977000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$39281	\$-39281

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2321	\$-2321
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0\$221496	\$-221496

Number of Medical Professionals Trained	1
Number of Hospital Patients Educated	83490
Number of Citizens Exposed to Health Education Messages	100311

Statement Six: Charity Statement

Hospital Charity Charges	\$3035927
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$814176	
HCI Payments	\$0		
Subtotal	\$0	\$814176	\$-814176
Medicaid Shortfalls	\$6381737	\$9351643	
Subtotal	\$6381737	\$10165819	\$-3784082
DSH Payments	\$0		
Subtotal	\$6381737	\$10165819	\$-3784082
Medicare Shortfalls	\$18072086	\$22168333	
Other Government Programs	\$0	\$0	
Total	\$24453823	\$32334152	\$-7880329

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$341682	\$958931	\$-617249
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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